YOUR RETURN MAILING ADDRESS

NAME: BARRY CHASE ADDRESS: 133 MAIN ST.

CITY: ANYWHERE

Rev. 01/2013

STATE: CA

P.O. BOX 1208, NORWALK, CA 90651-1208

ZIP CODE: 12345

LOS ANGELES REGISTRAR-RECORDER/ COUNTY CLERK

## FICTITIOUS BUSINESS NAME STATEMENT

			TYPE	OF FILING AND FI	ING FEE (Check one)			
	Original- \$26.00 (FOR ORIGINAL New (Amended) Filing- \$26.00 Refile- \$26.00 (NO CHANGES IN	(CHANGES IN FACTS I	ROM ORIGINAL FILING	G- REQUIRES PUBLICA				
\$5.0	00- FOR EACH ADDITIONAL BUSI	NESS NAME FILED ON	SAME STATEMENT, D				ER IN EXCESS OF ONE OWNER	
			The following	ng person(s) is	(are) doing busin	ess as:		
*.	CMOOTH CALLING	DENTALS						
*1. SMOOTH SAILING RENTALS 2.  Print Fictitious Business Name(s)								
**	133 MAIN ST. P.O. BOX 100							
-		of principal place of bu	siness		Mailing	address if different		
ΑN	YWHERE C	Α	12345	ANY COUNTY	ANYWHERE	CA	12345	
City			Zip	COUNTY	City	State	Zíp	
Artic	cles of Incorporation or Organizati	ion Number (if applicat	le): Al #ON_123456	6789				
++-	_							
	* REGISTERED OWNE	R(S):		•				
1.				2.		D		
	Full Name/Corp/LLC (P.O. Box not accepted)				Full Name/Corp/LLC (P.O. Box not accepted)			
	246 OAK ST.				Residence Address	<u> </u>		
	Residence Address ANYWHERE	CA	12345	'	(Calabiles Auditor			
	City	State	Zip	<del></del>	City	State	Zip	
	Oily	ÇILIO			•			
	If Corporation or LLC - Print S	tate of Incorporation/O	ganization	<del></del>	f Corporation or LLC - Pr	int State of Incorporation/Organia	zation	
		•		4				
3.				4.	Full Name/Corp/LLC (P.O. Box not accepted)			
	Full Name/Corp/LLC (P.O. Box	x not accepted)			-dii Name/Corp/ECO (F.O	, dox not doocpied)		
	Residence Address				Residence Address			
	Residence Address							
	City	State	Zip	<del></del>	City	State	Zip	
	If Corporation or LLC - Print State of Incorporation/Organization				If Corporation or LLC - Print State of Incorporation/Organization			
		IF MORE T	HAN FOUR REGISTR	ANTS, ATTACH ADD	TIONAL SHEET SHOWI	NG OWNER INFORMATION		
**	** THIS BUSINESS IS							
	□ an Individual		eral Partnership	□ a Limited	Partnership t	a Limited Liability Cor	npany	
	□ an Unincorporate		•		□ a Corporation	n □ a Trust	□ Copartners	
	□ a Married Couple		iture 🗆 State	e or Local Regis	tered Domestic Pa	rtners 🗆 a Limited I	_iability Partnership	
	·							
**	*** The date registrant co	ommenced to trans	act business unde	er the fictitious bus	iness name or name	s listed above on	N/A	
						(Insert N/A above if you haven't	started to transact business)	
		l decla	re that all info	ormation in th	is statement is	true and correct. to be false is guilty of a	rime )	
	(	-		Information will			,,,,,,	
REC	GISTRANT/CORP/LLC NAME (PRI	NT) BARRY CH	łASE		TITLE_ CE	0		
	EGISTRANT SIGNATURE	<u> </u>	Charle	IE CORP OR	LLC, PRINT NAME	BOAT LLC		
		//			_			
If (	corporation, also prin	nt corporaté titl	e of officer. If	LLC, also prin	t title of officer o	or manager.		
- 10	s statement was filed with the Co	LOUIDON BOLOM (-) OF	CENTION 17020 A E	ICTITIONIC MAME ST	ATEMENT CÉNERALLY	EXPIRES AT THE END OF FIVE	YEARS FROM THE DATE OF	
1A/LI	TICE – IN ACCORDANCE WITH HICH IT WAS FILED IN THE OFF THE FACTS SET FORTH IN THE	ICE OF THE COUNTY	CLERK EXCEPT AS	S PROVIDED IN SUBI	SIVISION (b) OF SECTIO	N 1/920, WHERE II EXPIRES 4	10 DAYS AFTER ANY CHANG	
OF	A REGISTERED OWNER. A NE	EW FICTITIOUS BUSI	IESS NAME STATEM	ENT MUST BE FILED	BEFORE THE EXPIRAT	TON.		
TUI	E EN INIC OF THIS STATEMENT	DOES NOT DE ITSEL	E AUTHORIZE THE !	ISE IN THIS STATE O	F A FICTITIOUS BUSINE		HE RIGHTS OF ANOTHER	
UNI	DED CENEDAL STATE OF CO	INANAONI LAW/ISEE SE/	CTION 14411 FT SEQ	FRUSINESS AND PE	OFESSIONS CODE).			
	I HEREBY CERTIFY THA	THIS COPY IS A	A CORRECT COP	TOF THE ORIGI	VAL STATEWENT O	N FILE IN MY OFFICE.		
	DEAN C. LOGAN, LO	S ANGELES COU	NTY CLERK	BY:_			, Deputy	
Day	<del></del>	P O BOX 1208 NORW		s PH:	(562) 462-2177	WEB ADDRESS	LAVOTE.NET	

PH: (562) 462-2177